



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

06/01/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000097154
INSTALLATION NAME	→	DISTRICT 20 ECC
INSTALLATION ADDRESS	→	415 89TH ST BROOKLYN, NY 11209
MAILING ADDRESS	→	415 89TH ST BROOKLYN, NY 11209

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: DISTRICT 20 ECC
or Current Occupant
ATTN: PHIL MILO - PROJ MGR
9723 3RD AVE
BROOKLYN, NY 11209**

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

GSA No. 0248-EPA-07

Date Received
(For Official Use Only)

MAY 21 5:08

PROGRAMS BRANCH

99

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. Initial Notification

☐ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

NYR000097154

II. Name of Installation (Include company and specific site name)

District 20 ECC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

415 89 street

Street (Continued)

Brooklyn

City or Town

State

Zip Code

NY 11209

County Code

County Name

Kings

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Same as above

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) Phil Wilo

(First)

Job Title Project Manager Trenching Const

Phone Number (Area Code and Number)

Extension

718-8362000

VI. Installation Contact Address (See instructions)

Fax Number

718-8335416

A. Contact Address
Location Mailing

B. Street or P.O. Box

9723 3RD AVE

City or Town

State

Zip Code

Brooklyn

NY 11209

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

JOSEPH COLANDREA

Street, P.O. Box, or Route Number

7203 8th AVE

City or Town

State

Zip Code

Brooklyn

NY 11228

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator

Date Changed

Yes

No

Month

Day

Year

718-833-6800 P

P

EPA Form 8700 (Rev. 12/99)

- 1 of 2 -

PLEASE REPLY TO: Jack Hoyt, USEPA-DEPP-RPB, 290 Broadway, 22nd Flr.,
New York, NY 10007-1866 Phone: (212)637-4106

Address Verified by uspa

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. ☒ Generator (See instructions)
a. Greater than 1000kg/mo (2,200 lbs.)
b. 100 to 1000 kg/mo (200-2,200 lbs.)
c. Less than 100 kg/mo (220 lbs.)
2. ☐ Transporter (Indicate Mode in boxes 1-5 below)
a. For own waste only
b. For commercial purposes
Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify
☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. ☐ Hazardous Waste Fuel
a. Generator Marketing to Burner
b. Other Marketers
c. Boiler and/or Industrial Furnace
☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

1. ☐ Used Oil Fuel Marketer
a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
b. Marketer Who First Claims the Used Oil Meets the Specifications
2. ☐ Used Oil Burner - Indicate Type(s) of Combustion Device(s)
a. Utility Boiler
b. Industrial Boiler
c. Industrial Furnace
3. ☐ Used Oil Transporter - Indicate Type(s) of Activity(ies)
a. Transporter
b. Transfer Facility
4. ☐ Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
a. Process
b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic ☒ (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision; in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature Philip Milo Name and Official Title (Type or print) Project Manager Date Signed 5-3-01

XI. Comments

Please note one time cleanup

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

original signature is required